

Child's Name & DOB _____ Current Grade _____ 2025/2026 School _____

Parent's Name _____ Parent's Email Address _____

BCLC Summer Camp 2026

☐ YES-- My child WILL be attending Summer 2026 ☐ NO-- My child will NOT be attending Summer 2026

***** Enroll for 3, 4 or 5 days-- ALL AGE GROUPS! *****

Schoolage children will need to enroll for FULL DAYS due to field trips, but Preschool and Pre-K children can enroll for full days, half days, or mixture of the two.

I would like to enroll my child for: 3 Days 4 Days 5 Days

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

SCHOOLAGE CHILDREN ONLY-- Field Trip T-Shirt Size: Please circle one below.

YS YM YL YXL AS AM AL

Reminder-- We do require a full-summer commitment-- June 1st- August 6th

BCLC School Year- Fall 2026-2027

☐ YES-- My child WILL be attending Fall 2026-2027 ☐ NO-- My child will NOT be attending Fall 2026-2027

I am enrolling my child in:

Preschool (3 years old by August 1st) Pre-Kindergarten (4 years old by August 1st)

School-Age K-5th (Before Care ONLY) School-Age K-5th (Aftercare ONLY)

School-Age K-5th (Before & Aftercare)

I would like to enroll my child for: 3 Days 5 Days

NOTE: THE 3 DAY OPTION IS ONLY AVAILABLE FOR PRESCHOOL CHILDREN.

Days Attending:	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
	Full Day_	Full Day_	Full Day_	Full Day_	Full Day_
	½ Day _	½ Day _	½ Day _	½ Day _	½ Day _

Preschool & Pre-K children may enroll for a combination of full and half days.

Start Date Monday, August 10th, 2026

Teacher Preference Fall 2026/2027 _____

We will do our best to honor your request, but we can't guarantee placement. Keep in mind, we do not take teacher requests for Summer, nor do we take student requests. Thank you!

Parent Signature _____ Date _____



BCLC Photo Release Form

I give BCLC my permission to take photos of my child for the following reasons:

Please check yes or no for each of the following

YES NO

☐ ☐

To be displayed on posters/flyers in the BCLC entryway

☐ ☐

To be used for classroom projects

☐ ☐

To be shared with parents via the Procare app

☐ ☐

To be shared on the BCLC website

☐ ☐

To be shared in the BCLC newsletter

☐ ☐

To be shared on our social media without names (BCLC Facebook)

Signature of Person Completing Form

Date

CHILD ENROLLMENT FORM FOR EARLY CARE AND EDUCATION PROGRAMS

Parents: Complete this form or an electronic version in its entirety prior to the child's first day of attendance, review annually, and update as needed. The program may supplement or substitute this document with their own content equivalent form and request additional information from the parent/guardian.

Child's Name		Date of Birth		First Day at Program	
Address					
City		State		Zip Code	
Parent #1 Name		Parent #1 Phone Number			
Parent #1 Address ☐ Same as Child's		City		State	Zip Code
Parent #1 Email Address (if applicable)		Parent #1 Cell Phone (if applicable)			
Parent #1 Work/School Name (if applicable)		Parent #1 Work/School Phone Number (if applicable)			
Check here if Not Applicable ☐	Parent #2 Name		Parent #2 Phone Number		
Parent #2 Address ☐ Same as Child's		City		State	Zip Code
Parent #2 Email Address (if applicable)		Parent #2 Cell Phone (if applicable)			
Parent #2 Work/School Name (if applicable)		Parent #2 Work/School Phone Number (if applicable)			
Primary Emergency Contact #1 Name (cannot be parent/guardian)		Check here if Not Applicable ☐	Optional Emergency Contact #2 Name (cannot be parent/guardian)		
Primary Emergency Contact #1 Phone Number		Optional Emergency Contact #2 Phone Number			
Primary Emergency Contact #1 Other number or email address for emergency contact (if applicable)		Optional Emergency Contact #2 Other number or email address for emergency contact (if applicable)			
My child may be released to this emergency contact ☐ Yes ☐ No		Optional My child may be released to this emergency contact ☐ Yes ☐ No			
Does your child have a chronic health condition or diagnosis that requires the program to: observe or monitor symptoms, administer medication, serve medical foods, perform medical procedures, avoid specific foods/environmental conditions/activities, or allow a school age child to carry and administer their own medication? ☐ Yes (complete or provide a Health Care Plan, documentation from a licensed physician, or an electronic equivalent) ☐ No					

Child's Name		Date of Birth	
Information on my child's development: (personal, behavior, patterns, habits, and individual needs, etc.) ☐ N/A			
The following accommodation(s) may be helpful to most effectively meet my child's needs while at the program: ☐ N/A			
My child will receive specialized/individual services at the program: ☐ Yes ☐ No			
Name of service provider(s) and frequency ☐ N/A			
Emergency Transportation Authorization			
☒ The program has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			
☐ The program does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:			
SIGNATURE			
This form should be reviewed 12 months from the date the parent acknowledges accuracy and receipt of policies and procedures.			
Parent Acknowledgement of Accuracy and Receipt of Policies and Procedures			
By signing this form, I attest that the information is accurate and that I have reviewed and received a copy of the program's policies and procedures (parent handbook).			
Parent Signature		Date	
Program Acknowledgement of Completion			
By signing this form, I attest that I have reviewed for completeness and that this form has been signed by the parent/guardian. This form is to be completed prior to the child receiving care.			
Program Administrator/Designee Signature		Date	
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review



Parent Compliance Form

Please read the following carefully
before signing. Initial each statement below.

Parent Handbook:

- 1.) I have received, read, and understand the written policies (including the requirement for our students to be fully potty-trained before attending) and procedures of Beavercreek Christian Learning Center and will abide by these policies as stated in the Parent Handbook.
- 2.) I agree to have my child's Medical Statement and immunization records turned in no later than 30 days after the first day of attendance (new students) or 30 days after the expiration date of the existing Medical. Otherwise, my child is subject to be withdrawn from the center.
- 3.) I will not bring my child to the center if he/she has any of the following symptoms in a 24-hour period: vomiting, diarrhea, pink-eye, severe cough, skin rash, or a fever of 100 degrees or more.
- 4.) If my child becomes ill at the center, I will pick them up within an hour of being notified.
- 5.) I (or representative) will sign my child in/out as soon as they arrive at the center or they are picked up for the day.
- 6.) During the fall session, I agree to have my child(ren) here by 8:00am (Preschool) or 8:30am (Pre-K) to ensure that he/she is receiving the full benefits of the academic program.
- 7.) I agree to have my school age child here well before the departure of the BCLC bus times listed below: Parkwood: 7:45AM Shaw: 7:45AM Main: 8:25AM Trebein: 8:30AM Valley/Fairbook: 8:30AM ***Once the BCLC bus departs, we will not be able to offer before care transportation.***
- 8.) I will call/email/Procare message and report an absence or a late drop-off.
- 9.) I will not drop off my child during the hours of 12:00pm-2:00pm unless discussed ahead of time.

Financial Compliance:

- 10.) I agree to pay for all charges incurred for my child, including but not limited to tuition, activity fees, late payment fees (\$25 each week account is not paid in full), and any additional charges that may incur. I will have my account paid in full by Friday at 6:00pm for the week that the child attends.
- 11.) If my account incurs 3 or more late fees, that is grounds for withdrawal.
- 12.) I agree that tuition is for my child(ren)'s guaranteed spot regardless of attendance.
- 13.) I agree to give two weeks' written notice of withdrawal for my child. (Form available in the office.) A vacation week is not permitted to be used as part of your notice. I am responsible to pay for the two weeks regardless of attendance.

I have read and understand that I am responsible for all policies and procedures of Beavercreek Christian Learning Center. In order to assure that the most quality care is provided, I must abide by these policies that are put in place.

Parent/Guardian Signature: _____

Date: _____

Building For the Future

This childcare facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five components)
Milk Fruit OR Vegetable Grains or Bread* *Meat/Meat Alternate may replace entire grain up to 3x/week	Milk Meat or meat alternate Grains or bread Vegetable AND Fruit or Second Vegetable (If serving two vegetables they must be different foods)	Milk Meat or meat alternate Grains or bread Fruit Vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit childcare centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed private homes.
- **After School Care Programs:** Centers in low-income areas provide free snack and/or meal to school-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- Children aged 12 and under,
- Migrant children aged 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

BCLC
1850 N. Fairfield Rd.
Beavercreek, OH 45432
937-426-0079

Ohio Department of Education and Workforce

CACFP Program Specialist
25 S. Front Street, MS 303
Columbus, OH 43215-4183
Phone: 614-466-2945
Toll Free: 1-800-808-6235

Nondiscrimination: In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

Ohio Department of Education and Workforce - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian.

CENTER NAME <u>Beavercreek Christian Learning Center</u>	AGE	BIRTHDATE / / month / day / year
CHILD'S NAME (please print)		

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

☐ Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

SIGNATURE OF PARENT/GUARDIAN	DATE	DAY PHONE NUMBER
MAILING ADDRESS STREET /APT.	CITY	ZIP CODE
PARENT BIRTHDATE / / month / day / year	PARENT EMAIL	

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

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Revised 8/2025

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center: Beavercreek Christian Learning Center

Agency/Daycare Address: 1850 N. Fairfield Rd. Beavercreek, OH 45432

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance, they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Rights laws and will be kept confidential. We are requesting for each participant to "Self Identify" and provide this information, however it is optional to Self Identify. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's Name: _____

Ethnic Category: Choose one

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, Vietnam.	
Black or African American: A person having origins in any of the black racial groups of Africa	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent's Signature: _____

This employer is an equal opportunity provider.



1850 N. Fairfield Rd. Beavercreek, Ohio 45432
Phone: (937) 426-0079

Permission to Transport

*****Schoolage children ONLY– Kindergarten-5th Grade*****

.....
Beavercreek Christian Learning Center has permission to transport my
child to and/or from _____ (elementary school)
for the 2026/2027 school year.

Name of Student: _____

Grade for 2026/2027 School Year: _____

Student's Home Address: _____

Name of Parent/Guardian(s): _____

Phone Number of Parent/Guardian: _____

Parent Signature: _____ Date: _____



2026-2027 School Year Tuition and Fees

Hours of Operation: 6:30am-6:00pm
Meals Served: AM Snack, Lunch, PM Snack
 We care for children 3 years old through 5th grade.
Children must be potty trained!
 Additional child discounts are applied to the lowest weekly tuition.

Fees due upon enrollment

- **Deposit Fee** (non-refundable): \$100 individual/\$150 family
- **Activity Fee-** **This covers all activities for the fall session.**
 - Preschool and Pre-K: Typically between \$130-\$145 per student

Additional fees

- \$25 Late Payment Fee
- \$30 Returned check fee (Amount charged by our bank)
- Late Pickup Fee- \$1/minute after 6:00pm. May apply to half day students if late pick ups become excessive. Please note that "late pick-up fees" are not an option for later care.

PRESCHOOL & PRE-K TUITION RATES

Full Day Program

5 Days* \$52.00 per day/\$260 per week
 3 Days* \$75.00 per day/\$225 per week

Additional Child Rate- Full Day

* \$49.00 per day/\$245 per week
 * \$70.00 per day/\$210 per week

Half- Day Program (8-12 PS/8:30-12:30 PK)

5 Days* \$42.00 per day/\$210 per week
 3 Days* \$55.00 per day/\$165 per week

Additional Child Rate- Half Day

* \$37.00 per day/\$195 per week
 * \$50.00 per day/\$150 per week

SCHOOL AGE RATES (K-5)

Before Care Only

5 Days* \$27.00 per day/\$135 per week

Additional Child Rate

5 Days* \$25.00 per day/\$125 per week

After Care Only

5 Days* 30.00 per day/\$150 per week

Additional Child Rate

5 Days* \$28.00 per day/\$140 per week

Before and After Care

5 Days* \$35.00 per day/\$175 per week

Additional Child Rate

5 Days* \$33.00 per day/\$165 per week

Tuition is billed out every Monday and due by 6:00pm that Friday. Late payment fees are applied if payment isn't made on-time.

If your account is 2 weeks past due, your child will not be able to attend unless the account is paid in full.

We operate on a "FLAT FEE" schedule, therefore tuition remains the same even if the center is closed for a holiday, PD Day, early dismissal, etc.

\$5 per child weekly discount if paying with cash or check.